



DATA EXCHANGE, MS A10
STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468

**INTERNET FILING APPLICATION
INFORMATION RETURNS**

Transmitters use this form to apply for Internet filing of annual 1098, 1099, 5498, and W-2G Information Returns with the California Franchise Tax Board.

TRANSMITTER INFORMATION

Please provide general information about the transmitter.

Business Name: _____ FEIN: _____

Street Address: _____ Phone: _____

ACTION

Enter applicable tax year in one space.

_____ Original Internet Application
Tax Year

_____ Changes to Original Application
Tax Year

PASSWORD KEY WORD

Answer only one question:

1. What is your favorite color?

2. What is your favorite car?

3. What city were you born in?

CONTACT INFORMATION

Please provide specific information about the individual designated to receive confidential password and user ID information on behalf of the transmitter.

Primary contact name: _____

Title: _____ Phone: _____ Ext: _____

Fax: _____ email: _____

Secondary contact name: _____

Title: _____ Phone: _____ Ext: _____

Fax: _____ email: _____

Mailing Address: *(If different from the transmitter's street address above)*

AUTHORIZED REPRESENTATIVE

The authorized representative is an officer, executive, or owner of the transmitter named above. Under penalty of perjury of the laws of the State of California, I declare I have examined this form and to the best of my knowledge and belief, the information contained in this form is true and correct. Further, I acknowledge and accept the responsibility of protecting the privacy and the proper use of the password and user ID necessary for the transmission of information returns to the California Franchise Tax Board via the Internet.

Name *(please print)*: _____ Title: _____

Signature: _____ Date: _____

You can fax this form to Data Exchange at (916) 843-2107 or mail it to the address provided in the letterhead above. For questions regarding the completion of this form, please call Data Exchange at (916) 845-3778.

**INTERNET FILING APPLICATION
INSTRUCTIONS
(INFORMATION RETURNS)**

TRANSMITTER INFORMATION

The transmitter is whoever sends information returns to FTB. Transmitters may be service providers that send information returns on behalf of reporters or reporters sending their own information returns to FTB. (On various information returns, reporters may be referred to as payers, filers, creditors, trustees, issuers, etc.). Enter the business name/ID for the transmitter, not the individual who transmits the information returns. The individual is entered under Contact Information.

Submit only one application for each transmitter, even if you are sending information returns for multiple reporters. The purpose of the application is to receive the User ID and Password needed to access the secure site. Once you access the secure site, you may send one file or multiple files of information returns for one or more reporters.

ACTION

You must submit this application to start Internet filing. Once you submit an application, you do not need to submit another one unless:

- *There are any changes to the information provided on the original application, or*
- *You submitted an application for a particular tax year, but did not actually send any files for that tax year.*

Our system automatically deletes the application information at year-end, for transmitters that submitted an application, but did not actually use the Internet to send files for that tax year.

Be sure to enter the tax year of the information returns and not the year that the information returns are due. For example, tax year 2005 information returns are due in 2006. Therefore, 2005 should be entered in the appropriate space for an original application or for changes.

PASSWORD KEY WORD

You may call us at (916) 845-3722 if you have forgotten or have any difficulties with your password. Providing a *password key word* will help us to authenticate the identity of the person calling for assistance.

CONTACT INFORMATION

The Contact is ultimately responsible for proper use and protection of the User ID and Password needed to access the secure site. Typically the Contact is the individual who will be sending the information return files to us. However, the Contact may also delegate that task to others. The electronic transmittal form, that is required to be sent with each file, allows different individuals to submit files. See FTB form 669, *Internet Filing Instructions, Information Returns* on our Website www.ftb.ca.gov

AUTHORIZED REPRESENTATIVE

The application must be signed by an officer or executive of the transmitter, or by an individual authorized by an officer or executive to sign the form.

SUBMIT THIS APPLICATION

Fax this form to Data Exchange at (916) 843-2107 or mail it to the address provided in the letterhead on Side 1 of this form. For questions regarding the completion of this form, please call Data Exchange at (916) 845-3778 or send an email to DESHELP@ftb.ca.gov